ATTACHMENT 3-A

WORKPLAN

GOING HOME-LA SERIOUS AND VIOLENT OFFENDER RE-ENTRY INITIATIVE:

1. Problems to Be Addressed:

The primary problem to be addressed by the Going Home – Los Angeles program is the difficulty in effectively attending to the intersection of mental illness, substance abuse, and serious and violent crime amidst the population of paroling violent offenders. The current system of care and re-entry services within the California penal system does not currently offer coordinated transition planning amongst the various stakeholders—substance abuse services, parole, healthcare providers, mental health services, community-based social services systems, parolees and their families. Moreover, most CBO providers of re-entry services do not receive adequate payment to develop targeted curriculum and services for serious and violent offenders (SVO) parolees, including related integrated dual diagnoses oriented treatment where necessary.

The Going Home – Los Angeles (GHLA) Program will address the need for intensive case management and coordination of supervision and services for a critical population of serious and violent offenders (SVO's), and those with mental health *and/or* substance abuse problems. The existing re-entry services available for these parolees, while substantial, contain "gaps" or system challenges that can be mended by this rigorous yet provisional grant-funded program. Representing a primary partnership between the California Department of Corrections (CDC), the Parole and Community Services Division (P&CSD) and Walden House, Inc. (WH), a community based provider, GHLA will knit together existing re-entry programs for state parolees in Los Angeles, California.

Drug and/or alcohol abuse is a contributing factor to many serious crimes. In California, "A survey of new commitments to state prison found that over 75% of the offenders possessed histories of drug use…In 1999, 45.6% of parole violators returned to custody with a new term were returned for drug offenses." [1] Arrestee Drug Abuse Monitoring project data indicates that the majority of adult male arrestees test positive for illegal drugs at the time of arrest, with positive rates ranging from 59% to 79% in 23 large urban centers. [2] Seventy-three percent of state inmates incarcerated for violent crimes have used drugs or alcohol regularly, have committed their crime to get money for drugs, or were under the influence of drugs at the time of their crime. [3] CDC provides in-prison substance abuse services to nearly 9% of its approximate 160,000 inmates, and continues to expand these services. The CDC Office of Substance Abuse Programs (OSAP) contracts with private providers to operate over 30 in-prison Substance Abuse Programs (SAPs) in state prisons, and to administer the Substance Abuse Services Coordinating Agency System, linking thousands of SAP graduate

[1] Department of Corrections, Request for Proposal, *"In-Prison Cognitive Behavioral Skills Program"*, RFP Number C02.006, 2002, p 4.
[2] ***National Institutes of Justice, ADAM: 1998 Annual Report on Adult and Juvenile Arrestees, (Wash., D.C.: U.S. Dept. of Justice, 1999), p.3.***
[3] CASA'S 1998 Report, *"Behind Bars: Substance Abuse and America's Prison Population"*, Chapter II, retrieved from The National Center on Addiction and Substance Abuse website: http:/www.casacolumbia.org.

parolees to SAP-funded community aftercare across the state. The SAP-SASCA system is one of the 3 existing parolee reentry systems involved in the Going Home – Los Angeles Program.

Intended as a time-limited project, GHLA will identify and solidify best practices, remove barriers to service coordination and delivery, transfer knowledge to existing system providers, and become self-sustaining within existing reentry systems. The project will achieve these aims by modeling the ideal system by teaching the stakeholders how to use and redirect existing resources. The GHLA program intends to refine and improve existing systems, using a broad range of "decision makers" and provider input to make the best use of discretionary federal funding.

A serious limitation of existing reentry systems is their limited capacity to deal with SVOs who are also "dual diagnoses" clients: those with the mental health and substance abuse disorders. Approximately 25% of inmates in SAPs are also receiving services from CCCMS. Even more SAP participants have some mental health problems that do not meet the severity criteria for CCCMS designation, yet warrant treatment if parolees are expected to become productive, stable members of society. A 2000 report from the State Legislative Analyst's Office states that mentally ill offenders are more likely to be in prison for a violent offense that the inmate population as a whole. Upon release, these SVO dual diagnosed parolees may or may not be able to access services from the POCs, whose clinicians struggle with caseloads of over 100 to 1. POC staff must prioritize services for more acute case, such as EOP inmates and sex offenders, who are mandated to receive their services. The SAP-SASCA system does not currently offer CBO provider's adequate payment to develop targeted curriculum and services for SVO parolees, included related integrated dual diagnoses oriented treatment. While some of these inmates/parolees receive mental health services through the MHSCP (TCMP and POC services), many do not meet MHSC priorities, which are necessarily stringent to conserve limited resources.

As of January 1, 2000 (last publicized CDC data), there were 160,687 people in the state prison system; 44% were incarcerated for crimes against persons (homicide, robbery, assault and battery, sex offenses, or kidnapping). The total state Parole and Outpatient population, including reparoled inmates, was 126,406 (1999 data). All CA parolees face a high risk of recidivism, with over half returned to custody within two years. The following table shows recent recidivism rates for CA felons paroled for the first time in 1999 (CDC Research Branch, 2002):

Principal Commitment Offense	**Returned within one year**	**Returned within two years**
All	43%	56%
Crimes Against Persons	41%	55%
Sex Crimes (Sub-set of CAP)	35.5%	47%
Drug Offenses	39%	51%

Parolees with mental health problems are even more at risk; an informal 1991 study conducted by the CDC found that 94% of offenders receiving treatment in prison, then paroled to the POC, had returned to prison within two years.

A dual diagnosis (a combination of mental illness and substance abuse diagnosis) is not a requirement for participation in GHLA. However, substance abuse and/or mental health disorders present a serious challenge to reintegration, and contribute to the commission of serious and violent crime. The existing re-entry systems to be enhanced by GHLA focus on these conditions, and provide the necessary infrastructure for GHLA activities. GHLA will enhance the assessment and re-entry services available through these systems. Participants are not required to be dually diagnosed (see language from application, below). However, almost all participants will be identified as having either substance abuse or mental health problems.

Going Home – Los Angeles will focus on the largest population center in California, and the county of commitment for 35% of all inmates in the CA state prison system. The County of Los Angeles comprises it own Parole Region (III), and received 30% of all adult felons paroled or reparoled in 1999, the most of all 4 Parole Regions.

The Going Home – Los Angeles target population will meet the following selection criteria: 1) Male; 2) Young adults and adults, ages 18 to 35; 3) Felons with a history of serious and violent offenses; 4) Returning to Los Angeles county upon release; 5) At high risk to re-offend (i.e. history of multiple offenses and/or parole violations) and 6) Facing serious challenges to reintegration into the community, primarily a history of substance abuse **and/or** mental health problems. While this program seeks to reduce violent crime by targeting services to parolees with dual diagnoses, participants are not restricted to that description. Serious and violent offenders with substance abuse problems will benefit from intensified case management and community based services focused on changing criminal behavior, regardless of whether they have been assessed as needing mental health services in prison. Some will not meet the severity of need criteria necessitated by the limited resources of the MHSC, but will benefit from therapy available at enhanced community based programs.

2. Goals and Objectives

The overarching of the Going Home –Los Angeles project is to improve and streamline existing reentry service systems for the state parolees in Los Angeles who are serious and violent offenders with substance abuse and/or mental health disorders, with the ultimate goal of reducing their recidivism and preventing them from committing additional crimes. In order to achieve this goal, the following objectives will guide program structure and activities:

1. Increase communication and coordination between the GHLA primary stakeholders: Parole, Mental Health services Continuum (MHSC), Substance Abuse Program-Substance Abuse Services Coordinating Agency (SAP-SASCA systems), and Community based Organizations (CBO's) serving participants.

- Through initial implementation activities, the Project Manager will identify key contact persons, project liaisons, with each key partner or stakeholder agency; (this expectation will be included in the MOA). At minimum, a contact person will be identified for each of the following stakeholders:

Parole and Community Services Division (at CDC in Sacramento)
Office of Substance Abuse Programs (at CDC in Sacramento)
Parole Region III Administrative Office (LA)
Parole Outpatient Clinic (LA)
TCMP Supervisor (at SATF Corcoran)
Program Director of WH SATF SAP (SATF Corcoran)
Director of WH Hill Street Re-entry Program (LA)

- Project Manager will establish regular project meetings (the Program Planning Committee) with staff, project liaisons at partner agencies, and other stakeholder representatives. All key contact persons will agree to meet on an interval that will allow the most participation from all players (suggested interval: monthly).
- MOA's will include a commitment on the part of each partner agency to incorporate discussion of the GHLA project and participants in their existing meetings and supervision structure (i.e., at staff meetings, case conferences, etc.)
- Project Manager will keep all stakeholders informed of project progress and activities through email/fax communication of project meeting minutes, and by sharing project progress reports.
- Project Manager will identify all existing communication opportunities between partner entities that can be improved, and will document how they have been improved, increased or streamlined to the benefit of project participants, in project progress reports.

2. Increase overall supervision of program participants through cooperation between Parole, POC's and CBO's, with support from local law enforcement.

- Project Case Manager will contact participants once a month at minimum, and will keep a record of all of their contacts with participants or with service providers who are supervising participants (i.e., residential program staff or Parole Agents), in progress notes in case files and as a part of evaluation data collection.
- Project Case Manager will keep a record of all participant contacts with other partner agencies (i.e., contacts between participants and Parole Agent, POC therapist, etc.), in progress notes in case files and as a part of evaluation data collection.
- Project liaisons at each partner agency will communicate with their agency's staff who are primarily responsible for supervision of project participants, to educate them on GHLA and enlist their support in increasing awareness of project participants, their activities, and the options available to them to improve their outcomes.
- Project staff will review evaluation data in regular project meetings to assess the level and impact of increased supervision on participants, and to compare the

amount of supervision they receive with other similar parolees not in the program, as reported by project liaisons from partner agencies.

- Project staff and project liaison partners, particularly Parole Agents and POC staff, will educate local law enforcement contacts on GHLA project activities and key points of contact, to ensure that participants can gain full access to project services when needed (i.e., when parolees make contact with local law enforcement, who then must work with Parole to determine appropriate course of action).

3. Increase the availability of services specifically targeting SVO parolees with dual diagnoses, particularly within the SASCA network of community based treatment providers.

- Project Manager will work with partner agencies, particularly the Office of Substance Abuse Programs (OSAP), to establish a dual diagnosed reimbursement rate through SASCA system, so that CBO providers of substance abuse services in the SASCA provider network can be reimbursed for the additional resources needed to effectively treat clients with mental health issues.
- Project Manager and staff will provide educational outreach to community based providers, explaining GHLA services (i.e., case management, increased monitoring, etc.) and how they enhance CBO services, to increase the number of providers who accept referrals and have signed MOA's with GHLA.
- Project staff will develop resource listings of community based services with contact information, and will distribute resource list to SASCA network substance abuse treatment providers and other providers of human services to the target population identified through the project period.
- The Project Case Manager in the community will work closely with the Parole Outpatient Clinic in LA to identify mental health services for participants transitioning out of Parole supervision, and to obtain MOA agreements with those providers.

4. Reduce the recidivism rate for program participants in their first year of parole, as compared with a similar cohort of offenders not receiving GHLA services, and continue to track recidivism throughout the grant period.

- Project staff will work with CDC evaluators, SASCA agencies and WH, to gain access to data already collected through those service systems, to ensure appropriate data collection for evaluation of recidivism in program participants.
- Project staff will develop new data collection procedures, and will work with partner agencies to identify appropriate assessment tools and train staff to conduct assessments and transfer data.
- Project staff will develop protocols to identify a quasi-control group to be tracked parallel to GHLA participants, i.e., those who meet the project eligibility criteria but

are not returning to LA county. (Transitional staff at WH SATF SAP can identify this control group as they plan for clients' release.)

- Project staff will use CDC OBIS data to identify outcomes for GHLA and control parolees after one year.

5. Make program gains and improvements self-sustaining by shifting program functions/services to existing system providers (i.e., Parole, MHSC, SAP-SASCA and its network of providers) by the end of grant period.

- Reinforce the intention of the grant-funded project to be systematized into existing systems in all project meetings, materials, communications, etc.
- Create systems that will continue after the grant is over- i.e., highlighting SVOs in existing supervision meetings, etc.
- Identify available community based services; make them known to existing system providers.

3. Select Target Populations/High-Risk Offenders

The Going Home – Los Angeles target population will meet the following selection criteria: 1) Male; 2) Young adults and adults, ages 18 to 35; 3) Felons with a history of serious and violent offenses; 4) Returning to Los Angeles county upon release; 5) At high risk to reoffend, i.e., history of multiple offenses and/or parole violations; and 6) Facing serious challenges to reintegration into the community, primarily a history of substance abuse **and/or** mental health problems.

Data collected by WH on its SATF participants indicate the general characteristics of the GHLA target population and the challenges they face upon release. The ethnic/racial breakdown of the WH SAP population is: 32% African American, 24% Hispanic, 39% Caucasian, and 5% Other. At least 43% of the population will meet the 18 to 35 year old age criteria. Participants will likely have a long criminal history; 59% of WH SATF participants were under 18 at the time of their first arrest, 96% having been arrested more than one time, and 80% have 5 or more arrests. Forty-six percent are currently incarcerated on drug related offenses, with 62% under the influence when they committed the offense that led to their current incarceration. Generally, 20% of WH SATF participants are 290 Registrant sex offenders. On average, 25% of participants are receiving CCCMS mental health services. Most participants in WH SATF are not married: 46% were never married, 28.5% are divorced or separated; 16.75% are legally married, 4% are living as married, and 2.75% are widowed. The majority (60%) of participants have no high school diploma at intake; 25% have a GED. Prior to incarceration, 43% of WH SATF participants indicated that they had a job, while 25% said their income was primarily from illegal activities.

The target population presents a serious and significant risk to the community. Data collected on participants in WH SATF SAP (from the Texas Christian University

initial Assessment Forms, 3/2000- 3/2001) indicate that this population includes a significant number of serious and violent offenders.

- When asked if they had “Trouble controlling violent behavior?”, 25% of WH SATF SAP participants said Yes.
- Of all WH SAP participants who were convicted of a felony, 47% had at least one violent felony conviction. 19% had two or more violent felony convictions. (28% said that one of their convictions was for a violent felony, 11% said 2, 3.3% said 3, 1.7% said four, .66% said 5, 2.1% said 6-10, and .3% said 11-20.)
- The classification level that WH SAP participants were assigned to most while in CA state prison (higher levels indicate more serious and/or violent crimes or risk to corrections staff): 55% were classified at level 2 or higher. (40% said level 2, 13.6% said level 3, 3.3% said level 4.)
- When asked their recent offense category, 16.4% of WH SAP participants self-reported “Crimes against persons”.
- Nearly half, or 47%, or WH SAP participants had been arrested more than 10 times.

Barriers to reintegration include socio-economic factors outlined in the application: substance abuse, mental health problems, lack of education or job skills, difficulty finding employment, poverty, lack of adequate housing related to poverty, family problems or lack of family support, etc.

Admission Criteria:

Participants will be selected from the inmates housed at the California Substance Abuse Treatment Facility and State Prison, Corcoran, and currently enrolled in the Walden House substance abuse program (WH—SATF SAP). The main criteria for acceptance into the WH SATF SAP are a history of substance abuse problems and/or drug offenses (some participants state they were drug dealers but did not use drugs). Volunteers are given priority whenever possible; about one third of participants are not volunteers. CDC and WH program staff decide reasons for exclusion from the TC program jointly. Existing CDC exclusion criteria have been developed to maintain maximum safety and effectiveness of the program environment. Ineligible inmates include any inmate who has been housed in a Security Housing Unit in the past year for assault or battery with sufficient force to cause injury or for possession of a weapon; who has been housed in a Protective Housing Unit during the past year; or who is certified by a Criminal Activities Coordinator as a member or associate of a prison gang. Also excluded are men currently enrolled in psychiatric Inpatient or Enhanced Outpatient Program services. CCCMS participants are eligible. Time remaining to serve also influences eligibility (i.e. typically, 6 to 24 months is the eligibility period). If an inmate has active or potential felony holds that could result in a longer sentence, or US Immigration and Naturalization holds (unless the hold expires prior to parole), they are not eligible. Inmates must also meet classification and administrative criteria for the SATF facility (Level I and II, with some Level III with CDC approval).

A potential participant would be defined as “High risk” if they meet the following criteria:

1. History of serious and/or violent offenses

2. History of repeated incarceration and recidivism

3. History of substance abuse and relapse, and/or or mental health problems

(Number and type of offenses, number of incarcerations and returns, extent of substance abuse or mental health problems to be determined through the assessment process.) Participants will also have to meet the other eligibility criteria outlined in the proposal (age, SAP participant, returning to LA, etc.)

GHLA will use several different assessment instruments in order to determine both the participants' risk for violence and recidivism as well as to determine their service needs. These instruments, the Corrections Risk Analysis System, the Symptom Checklist-90 Revised and the TCMP Needs Assessment are described further in Phase I section below.

The use of these assessment tools in conjunction with one another will provide a comprehensive look at the treatment needs of the client pre and post incarceration and will aid in appropriate service matching so that resource allocation can be effectively addressed for each client.

The intervention consists of: case management, substance abuse treatment before and after release from prison, services for dual diagnosed clients, and increased coordination between supervisory and service agencies. These interventions build on the findings of researchers who have assessed the impact of substance abuse treatment and intensive supervisory programs on parolees.

Participation in GHLA is voluntary. Eligible clients will be induced into electing participation through the following efforts:

- The in prison GHLA case manager will conduct outreach to eligible clients to inform them of services associated with GHLA
- Outreach efforts focus on the enhanced services offered to GHLA participants. Such enhancements include:
    - Increased support provided by community-based case managers
    - Additional funding available to help clients obtain tools or clothes necessary for work
    - Additional funding available, on a case-by-case basis to support job training/education and housing

<u>Numbers of participants served by GHLA:</u>

At least 200 parolees meeting eligibility requirements will be served by GHLA over the 3-year grant period. The number of clients served is based on the number of eligible inmates returning to LA who are enrolled in the pilot Phase I site: the WH SAP at the Substance Abuse Treatment Facility and State Prison at Corcoran, CA (WH SATF). Last year 904 inmates were discharged from WH SATF. At least half (estimated 452) meet the SVO and/or mental health diagnoses criteria. Approximately 43% (or 194) will meet the eligible 18 to 35 year old age range (WH data, 2000). Typically, 36% of WH SATF graduates return to LA (36% of 194 is 70). Based on these eligibility factors, there will be at least 70 participants available in a full year from the Phase I pilot site. Year 1 of the project will involve start up activities for 4 to 6

months; approximately 35 to 45 participants will be served in the remaining 6-8 months. The project will expand to other Phase I sites by the third year in order to serve more clients. Possible sites include the Phoenix House SAP at SATF, the WH SAP at California Men's Colony, and the Amity Foundation SAP at Lancaster State Prison.

Inmates who do not elect to participate will still receive in-prison substance abuse treatment, transition planning, and will have the option to continue substance abuse treatment in the community as well as community-based substance abuse-focused case management for up to 6-months upon parole. These services are currently funded through the California Department of Corrections Office of Substance Abuse Services.

Parolees returning to the community require comprehensive services to address multiple needs (Lipton, 1994). To sustain gains achieved in the in-prison therapeutic communities (TC) requires supervision in an aftercare program in the community (Inciardi and Martin 1997). A study of three-year outcomes for the Amity in-prison TC program indicated lower recidivism rates for those who completed the aftercare program (Wexler et al. 1999). Intensive supervision programs are shown to be successful by their costs, the social adjustment of offenders, and "commitment rate," rather than by reduced recidivism rates (Tatessa and Gordon, 1994). This finding led the Center for Substance Abuse Treatment to suggest that intensive supervisory programming that focuses on the quantity and not the quality of the contact between offender and probation or parole officer have not been shown to decrease recidivism rates. Implied in this is that quality of contact may make a difference, therefore, GHLA will increase high-quality participant contacts by adding qualified case managers to the re-entry system prior to and after release. Clear, Byrne and Dvoskin (1993) cite studies suggesting that, for demanding clients of any type, case specialization has generally been found more effective than a generalist approach.

The GHLA program will be highly cost effective, as it addresses duplications, gaps, and adds only a few key staff to a large, existing, multi-dimensional re-entry system. Eventually, as each partner in the system becomes more effective at its role, some duplicate functions may be eliminated. Additionally, the sharing of information will reduce service gaps.

4. Determine Organizational Capacity/ Decision-makers

Background:

The California Department of Corrections (CDC) is the state unit of government applying under the Serious & Violent Offender Reentry Initiative. The Going Home – Los Angeles Program represents a primary partnership between CDC's Parole and Community Services Division (P&CSD) and Walden House, Inc., (WH) a community based provider, with CDC serving as lead agency, signing authority and recipient of grant funding. A number of other essential partners have agreed to play key roles in the GHLA project, and many have signed the program Memorandum of Agreement.

As the state corrections authority, the CDC has the ultimate organizational capacity to implement a program aimed at streamlining services and resource access for parolees. The CDC oversees the Parole and Community Services Division, as well as other key components in the Going Home – Los Angeles Program, including: The

California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF), the pilot site for program recruitment and in-prison services; The Correctional Clinical Case Management System, providing mental health services to inmates at the SATF, a portion of whom will be part of this program; and The Office of Substance Abuse Programs, which administers in-prison Substance Abuse Programs and the Substance Abuse Services Coordinating Agency (SASCA) System serving state parolees in the community.

The Parole and Community Services Division will mobilize several departments who serve the target population. Parole Agents of Record in Parole Region III (LA) will be the authority that enforces sanctions for non-participation, violation or new offenses. Parole Agents assigned to in-prison Substance Abuse Programs are part of the Transition Team. The Mental Health Services Continuum Program bridges between custody and community, with Parole Outpatient Clinics providing outpatient services to parolees with mental health problems in the community (LA), and the Transitional Case Management Program providing pre-release assessment, planning and transition to the community for inmates with mental health problems.

Walden House, Inc. is the pivotal community based partner in Going Home – Los Angeles continuum. WH operates 4 in-prison Substance Abuse Programs funded by the CDC's Office of Substance Abuse Programs, including a program at Corcoran SATF, the first identified GHLA recruitment site. Walden House is the Substance Abuse Services Coordinating Agency (SASCA) for Parole Regions II and III (LA), providing placement and monitoring of SAP graduate parolees in community treatment programs. In addition SASCA Parole Region III, Los Angeles operates a Special Populations Division that provides placement and monitoring for SAP graduate parolees classified as high-risk, high-control, sex offenders, arsonists and dual diagnosis. Walden House also operates community based substance abuse treatment for parolees in Los Angeles (and many programs in San Francisco).

Approach:

A key component of the early implementation process will be to identify and conduct outreach to decision makers in the following community service areas: education, labor, housing, family services, restorative justice organizations and faith-based organizations. We will also draw from the list of community based resources, which include some agencies that provide services in the above listed areas, to develop additional contacts. Once additional members are identified, we will make contact with them and solicit their participation in the project steering committee. GHLA staff will plan a meeting for all members of the decision-making steering committee within the first three months of the project.

Decision makers will be part of a steering committee that will meet on a regular basis (twice a year). The first meeting will be scheduled in the early implementation of the project and the second meeting 6-months later. Committee members will participate in an initial project orientation session, where they will be educated on the project intent, organizational structure, and roles of all partner agencies and other stakeholders. The purpose of the Decision Makers steering committee will be to:

1) Provide input into the project implementation and operations process,
2) Review project progress on goals and objectives and make suggestions to improve outcomes,
3) Educate project staff and partner agencies on community and CBO needs as providers of services to parolees in the community,
4) Act as liaisons to the community on behalf of the project, developing additional linkages to expand the impact of the project beyond the scope of grant-funded activities.

Members of the committee will set goals, identify issues, and strategize the resolution of problems. Project staff, including representatives from the Parole and Community Services Division of CDC, and Walden House as the primary community based partner, will facilitate and document steering committee meeting proceedings. Resource list of stakeholders attached.

The Program Planning Committee, the smaller group that meets monthly to guide the course of project operations on all levels will use Steering Committee inputs. The Program Planning Committee will consist of: The GHLA Project Co- Directors, the Project Manager, Director of the Parolee Outpatient Clinic, SASCA III Director, the WH CBO Director, the WH SAP Director, and a parole supervisor from the downtown LA parole unit.

Regular project progress reports, the Project Manager will distribute all meeting minutes and other relevant project materials to all decision makers.

The MOA letter signed by Tarzana was intended to cover Parole Services Network services, as Tarzana is the agency administering the PSN in LA. As the project is implemented, new MOAs will be developed, and the MOA for Tarzana will include its functions as PSN.

5. Design Each Phase of Initiative

Phase I: Institutionally-based Programs—Approach:

Planning:

Early in the implementation of the project, the Project Directors will schedule meetings with the institutional stakeholders planning committee. Committee members will meet with key institutional staff in order to inform them about the project and its benefits to the institution, incorporate their feedback into the development of the project, and to identify the institutional staff involved in the ongoing implementation activities. Input will also be sought from the Inmate Advisory Council.

Key staff, along with the members of the Program Planning Committee will develop systems for screening and identifying candidates for participation in the project. Planners will also review current systems of in-prison case management; identify overlaps and gaps so as to ensure project efficiency. Project staff will develop operational procedures for the screening inmate records, and assessing potential candidates.

Assessment:

Project staff will review current assessment instruments in use and will identify additional tools for assessing participants' levels of risk and of need. Staff will select tools and develop assessment protocol. Project staff will screen inmate files to develop a list of potential participants. They will also employ a series of standardized assessment tools to determine the offender's level of risk and need. These instruments include:

1) The Corrections Risk Analysis System (C-RAS) is a computer application that integrates offender data collection with both risk prediction and needs assessment. The C-RAS was normed on a random sample drawn from 40,000 U.S. Midwest incarcerated offenders. The C-RAS development sample was drawn from a full range of criminal activity with short and long term sanctions in the United States. By utilizing the underlying pattern of the risk factors indicative of the behavior associated with conviction a true measure of risk to the community is provided. Offenders are compared to two groups, offenders who have been crime free four years and offenders who are reconvicted within two years. This methodological approach provides a risk value indicating the category (recidivist or non-recidivist), and the ability to estimate the likelihood of being correct in the classification. This same pattern recognition methodology is used to determine whether an offender is likely to belong to a violent class of offenders or non-violent class of offenders. The C-RAS consists of four related tool sets. The relevance of each depends on the sort of decision being made. The tools include an individual analysis tool, needs assessment profile, what-if tool, and a group analysis tool. The C-RAS is useful with both the initial evaluation and measuring offender progress after release.
2) The Symptom Checklist-90 Revised (SCL-90-R) is a 90-item self-report symptom inventory designed to reflect the psychological symptom patterns of community, medical, and psychiatric respondents. It is a measure of current, point in time, psychological symptom status. Each item is rated on a five-point scale of distress (0-4) ranging from "Not at all" to "Extremely". The SCL-90-R is scored and interpreted in terms of nine primary symptom dimensions and global indices labeled as follows, somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, global severity index, positive symptom distress index, and positive symptom total. The SCL-90-R can be used as a one-time assessment of a client's clinical status or it can be used repeatedly to document formal outcomes, response trends, or pre-post therapeutic evaluations. Test-retest reliabilities are superior for SCL-90-R, and there does not appear to be any significant practice effects that might bias the results of repeated administrations.

The SCL-90-R is a well-researched instrument with more than 940 research studies demonstrating its reliability, validity and utility.

3) Mental Health Continuum Automation System (MHCAS) is the Transitional Case Management Program Pre-Release Needs Assessment. This is a computerized needs assessment completed for all designated EOP and CCCMS inmates prior to release. The MHCAS is designed to maintain a systemic, consistent and reliable database of all client information within one central location. It allows CDC, TCMP, and POC to immediately access data on all client issues, the ability to generate reports, and to determine the present and future services available to the mentally ill parolees. The assessment includes a comprehensive psychosocial history of the inmate outlining in detail the inmates past history including number of arrests and violations, disciplinary history, medical and psychological history and evaluations, inmate's level of functioning, inmates needs upon release, and service planning.

Outreach:

Project staff will develop outreach materials to inform the WH SATF SAP inmates about the GHLA project. Project staff will meet with inmate advisory and leadership councils in order to inform them about the program, to incorporate their feedback and suggestions for effective implementation, and to gain their assistance in educating the inmate population about the project. Project staff will also attend unit classification committee meetings with individual inmates and the correctional staff involved in the inmate's placement in housing and in programs.

Intake:

Project staff will conduct informational meetings with eligible candidates for program inclusion. Staff will explain the benefits of the project and will solicit volunteers to participate in the project. Staff will also attend classification meetings where they will have an opportunity to explain the services offered by the GHLA program to eligible inmates. Project staff will review the central file for each volunteer requesting admission. Volunteers meeting the project eligibility criteria will be admitted into the project. Project staff will then conduct a thorough assessment of each participant, assessment tools to be selected by the program planning Committee (see above).

Service Delivery:

Transition Planning:

The Project Planning Committee will assemble a Transition Coordinating Team (TCT) that includes the in-prison Parole Agent II (IP PAII), the in-prison SAP Transition Services Manager (IP SAP TM), the SASCA Region III Case Manager, the substance abuse program Clinical Director, the Transitional Case Management Program Case Manager (TCMP CM), and, when possible, the Correctional Counselor I (CC I), a representative from the prison education department, and the appropriate prison chaplain. Initially, the TCT will work with the Program Planning Committee to develop client case conferences and staffing protocols. As clients are admitted into the project, the TCT will review participants' progress towards meeting goals and objectives.

Once participants are assessed and admitted into the program, the participants will meet with the GHLA Case Manager to develop a preliminary re-entry plan. The plan will be reviewed, modified where necessary, and finalized by the TCT, with approval from the participant. The plan will outline areas of strength and of need, and will detail goals, objectives, and the necessary interventions to meet goals. Participants with mental illness will undergo a more in-depth mental health evaluation and needs assessment, conducted by TCMP staff. This will result in a mental health service plan that will facilitate the interface with CDC's Parole Outpatient Clinic upon the participant's parole. The SAP TM will work with SASCA to develop a housing and continuing care substance abuse placement. The CC I develop a parolee services plan with input and final approval from the field parole office in LA.

Through the TCT, GHLA will help to coordinate these plans in order to ensure a seamless transition from in-prison to community care upon release.

Re-entry Support Services:

Project staff will offer monthly re-entry support groups to GHLA participants to help enhance their motivation for committing to continuing care services upon parole. In addition, the GHLA Case Manger will help to organize activities such as continuing care resource fairs and community-based service provider visits to the institution to meet with GHLA participants. GHLA staff will also assist participants in securing items that will facilitate the inmate participant's transition into the community, such as Department of Motor Vehicle printouts, etc.

Incentives for Participation

The primary incentive to participate in GHLA is linkage to desired re-entry services, such as job training, specialized mental health services (including services for sex offenders), educational institutions, health care providers, housing, etc. Project staff will work on developing MOA's with CBO providers, that would include a commitment on their part to begin establishing linkages with participants while they are still incarcerated (telephone contact or on-site visits to the in-prison program site).

Another incentive for participation in aftercare substance abuse treatment is the provision of housing immediately upon release. Many parolees have no family or other support, and would likely return to Single Room Occupancy housing or other transitory housing situations, at best. In addition, the experience of substance abuse treatment in

prison often leads participants to a deeper understanding of their relapse patterns. They come to desire additional support after release to reduce their chances of relapse and recidivism. Participants learn that an aftercare placement will offer counseling, life skills training, peer support, and a clean and sober housing environment. Community treatment program staff have referral agreements with community based providers that expand the number of options available to the parolee.

GHLA will build on the attractive benefits of aftercare, adding a dedicated case manager focused on addressing each participants' individual barriers to success, who can also work with other partner providers to address individual issues as they arise.

The Transition team will include an employment trainer where possible. GHLA staff will assist the participants in developing linkages with training providers during their time at the WH SATF SAP. Information about the One-Stop system will be introduced to participants prior to their release. The GHLA staff will work with participants in developing an occupational goal and plan prior to release. Specific occupations and skills trainings will be discussed with participants with "occupational bans" and modified plans will be made. Upon release, an appointment will be made with the local One-Stop programs for participant's orientation and meetings with vocational case managers. The GHLA project staff will develop a specific MOA with employment trainers, and will work with participants to make contact with them prior to release. A portion of the re-entry grant funds have been allotted to support paid work experience or transitional employment as an "option" for ex-offenders who may not yet be ready for private sector employment.

Additional incentives include:

- Increased support provided by community-based case managers
- Additional funding available to help clients obtain tools or clothes necessary for work
- Additional funding available, on a case-by-case basis to support job training/education and housing

Participation in GHLA is voluntary. Therefore, it is incumbent upon the GHLA program to assure that services remain relevant in order to retain participants in the program. Although participation in GHLA cannot be mandated, the GHLA partners have guidelines and rules addressing the quality of offender participation in their respective programs, and include sanctions for inappropriate behavior. Upon parole, the GHLA participant will be required to meet with the Parole Agent of Record, who is the authority who enforces the reentry plan. GHLA participants will be required to meet with the GHLA Case Manager, along with any other conditions of parole, such as participation in psychiatric services at the POC, sex offender registration requirements, participation in the SAP-SASCA system, a requirement to remain drug free and participate in periodic drug testing, or restitution or other victims rights related requirements.

Transition Team

The transition team will consist of the GHLA In-Prison Case Manager (working within TCMP), the Primary Substance Abuse Counselor and Transitional Coordinator (SAP Staff), the SASCA Community Services Coordinator, the Parole Agent II assigned to the SAP, the Agent of Record (in LA), the Correctional Counselor I (Institution Staff), and the community based treatment provider(s) who will receive the re-entering parolee. This team will work together formally at 180 days prior to release, but some members will have been working together prior to that benchmark, and others will continue to cooperate after the parolee is released."

The initial screening information will be used by the GHLA In-Prison Case Manager, who will identify eligible participants through the SAP referral / Unit Classification Committee process. During this committee meeting, the C-file of all candidates for participation in the in-prison SAP is reviewed, and SAP participation is approved or not approved. The Project Manager or In-Prison Case Manager will educate participating members of this committee on the GHLA program, and will either participate in the committee or obtain agreement from committee members to use the initial screening criteria to identify GHLA candidates from the list of inmates approved for SAP participation.

Participants in GHLA Phase I will have access to the following faith-based services while in the WH SATF SAP: Catholic Chaplain, Protestant Chaplain, Muslim Chaplain, Jewish Chaplain, and Native American Spiritual Advisor

5.2 PHASE II: Community Based Transition—Approach:

Overview:

The heart of the GHLA program Phase II is parolee involvement in a long-term (up to 1 year), supervised community based setting. GHLA will knit together two funding sources to provide the option of a full year of substance abuse treatment. GHLA staff will work with SAP and SASCA staff to place the parolee into Residential or Sober Living plus Outpatient services for up to 6 months post release, funded by the SASCA system. After 6 months, a "step-down" approach will place the parolee in a less intensive community situation, such as SLE/Outpatient treatment funded by the Parole Services Network in LA, or other transitional, supported settings, for up to another 6 months. The participant will be transported from the prison by a SASCA provider (WestCare, Inc, paid for by SASCA) to a CBO program in Los Angeles. (CBOs available include Walden House, Amity, SHARP, Found, Tarzana Treatment Center, CRI- HELP, or Behavioral Health Services). Community based treatment will include GHLA funded mental health services, as well as vocational/job training and counseling, assistance with finding independent housing, family violence services, educational services, etc. Additional linkages with community support services will provide health and dental care, hard skills job training, faith based and self help support, etc. The primary treatment provider will offer classes in criminality, cognitive behavioral change, and prevention of recidivism, and staff training in identification of relapse to criminal behaviors. The Case Manager in the community will work with the primary treatment providers to arrange for other community based support services to

come to the provider site to help parolees make the transition to independent living more effectively.

The Case Manager in the community provides intensive case management throughout Phase II and into Phase III (with at least one monthly contact with parolees), advocates for participants with all monitoring entities, provides links with other needed services in the community. They will facilitate regular case conferences with the team of supervision and services providers, and will meet with the SASCA CSC and POC staff assigned to each parolee. They will be located in the POC offices, and travel to community based residential programs to meet with parolees in treatment. The SASCA CSC will monitor participants on a monthly basis, as well as contacting treatment providers and Parole agents, to maintain the parolee in the SASCA system. A POC clinician will provide therapy, psychiatric medication and monitoring. Parole Agent of Record is the authority that enforces conditions of release and participation in all aspects of program during Phase II and III. If a participant relapses to drug use, reoffends, or fails to meet conditions of parole, the Parole Agent of Record will work with the Case Manager and SASCA CSC to identify any options for changes in the reentry plan, i.e. a step-up to more intensive treatment, as a possible alternative to return to custody (if appropriate).

Planning

GHLA staff will convene the GHLA Steering Committee in an effort to gain broad-based community input in the design phase of the project. The Steering Committee will help to identify additional support services for inclusion into the committee. The Steering Committee will provide input to the smaller Program Planning Committee.

The Program Planning Committee will develop protocols for the coordination of services and for systems of communications among the many stakeholders involved in each participant's case.

Service Delivery

Transport:

GHLA participants will be transported from the institution upon parole to their continuing care placement by WH SASCA lll or by their parole agent if on high control parole. Transportation is an existing service provided through a SAP/SASCA agreement for all inmates paroling from SATF SAP to a continuing care placement.

Case Management:

GHLA will provide case management services for participants. Case managers will review the participant's assessment information and the resulting the re-entry plan developed in the institutional phase of the program and update as necessary with particular attention paid to the client's specific risk and case factors. Case managers will assist the participants in gaining access to ancillary services, and will provide additional monitoring to assure the participant's overall program compliance.

Coordination of available services:

GHLA will establish a Re-entry Coordinating Team (RCT). The RCT will be composed of the GHLA project managers and Case Managers, WH Residential Director, The Parolee Outpatient Clinic Social Worker, SASCA lll Manager, Parole Supervisor-Downtown LA parole Unit, and other members of the re-entry team as yet to be determined. The RCT will meet weekly to case conference participants according to the protocol developed by the Planning Committee. GHLA staff will also develop curriculum material to conduct outreach and education for providers working with serious and violent offenders.

Re-entry Authority:

The Parole & Community Services Parole Unit is the California Department of Corrections re-entry authority. Their assigned agent of record monitors all inmates paroling from California state prisons. Inmates must parole to the county of their last legal residence. They are assigned to the parole unit that is closest to their placement upon parole. Parolees must report to their parole agent of record within 24 hours of parole. It is anticipated that many of the violent offenders enrolled in the project will be designated “high-control” parolees because of the nature of their crimes. High-control parolees must report to their parole agent the same day that they leave the institution. They are transported to their placement by the in-prison Parole Agent II. Their agent in the parole office sees parolees on a regular basis. Additionally, parole agents make periodic unannounced visits to their parolee’s place of residence and place of employment. Parolees are subject to random drug testing. They must also comply with the specific conditions of their parole, such as curfews, etc.

Walden House Re-entry Program in LA meets regularly with their clients’ respective parole agents in order to assist in monitoring the parolee’s behavior and progress on his parole. Parole is immediately notified when a client absconds from the program or behaves in such a way as to necessitate his immediate discharge.

Continuum of Services (including faith-based services):

GHLA will ensure a seamless continuum of services through effectively planning for release 6 months prior to release, having the same provider of in-prison and community based residential services, regular meetings between GHLA staff and in-prison staff (including SAP and Parole staff) to review case factors and participant progress, involvement of all key project partner representatives on the Transition Coordinating Team, and clear and continuing communication on the status of the participant.

The existing transition process between the SAP and the CBO providers of aftercare services is well established and effective. Adding GHLA staff in the prison and in the community adds another layer of communication, reinforcing the bridge between incarcerated treatment and community based services. As the parolee progresses through the aftercare system, they are monitored by the CBO staff (which may include more than one CBO service provider, SASCA staff, their Parole Agent, the Parole Outpatient Clinic if they have mental health issues, and the GHLA Case

Manager (who maintains the central case file on the client); this multi-tiered approach ensures a seamless continuum of services.

Participants may be required to pay restitution or do community services as a condition of their parole. These required activities are taken into consideration in implementing the re-entry plan in the community based setting. WH CBO staff ensures that these required activities are addressed as part of the client's treatment plan. In addition, the WH CBO includes regular community restorative activities as a part of its clinical program schedule. The RCT will review the participants' program compliance, progress towards meeting goals and preparedness to move into the next phase of community-based treatment.

GHLA Case Managers will also meet with their client's respective individual service provider in order to monitor the participant's progress in each service area.

PHASE III—Long-term planning ---Approach

Planning:

With input from the Steering Committee, the Program Planning Committee will develop protocols for long-term case management and coordination of services. The Planning Committee will continue to work to develop opportunities for the participants to engage in self-help programs, faith-based programs, and community service / volunteer efforts. The Planning Committee will develop MOA's with appropriate and willing community partners.

Service Delivery:

Case Management and Coordination of Services

The RCT will review the participants' progress and preparedness for the transition to independent living. Participants will continue to be monitored and case managed on a less frequent basis for up to one year after completing SASCA-funded community based substance abuse services. Participants failing to comply with the conditions of their parole, or determined to be at risk for failure may be referred for a more intensive treatment episode, pending approval of their Parole Agent of Record and other members on the RCT.

6. Organize Project Management --- Approach

Management Plan:

CDC Parole & Community Services Division and their primary partner in the GHLA project, Walden House Inc, will jointly manage the GHLA Project. Project staff includes Project Co-Directors—one from CDC and the other from Walden House. Project Directors supervise the Project Manager. The Project Manager supervises three Case Managers—one at the SATF SAP, one at the SASCA III Office, and the third, a clinical specialist case manager, at the Walden House CBO in LA (see attached organizational chart from proposal).

The Project management staff will convene several different workgroups or planning teams as described above (the Planning Committee, the Transition

Coordinating Team and the Re-entry Coordinating Team). These workgroups will be tasked with developing the program coordination and case management protocols, as well as quality assurance and data gathering procedures and protocols.

Continuous Quality Improvement:

With direct input from the steering committee, the GHLA Project Planning Committee will work to establish indicators that gauge the success of the program. The Planning Committee will establish benchmarks that help to measure the case management and coordination process, as well as a means for documenting the Project's efforts. Additionally, success will be measured by the participant's progress towards meeting specific targeted re-entry objectives. Finally, the Planning Committee will explore determining success as gauged according to a range of factors, including reduced substance abuse, reduced criminal involvement, parole compliance, improved family function, improved employability / independent living, and community functioning.

The Planning Committee will develop structured feedback loops, ensuring that gathered data are returned to various stakeholders in order to shape ongoing program development.

The Project may use file reviews, interviews and / or surveys of clients, family members, and other key stakeholders as a means for assessing the Projects efficacy. Additionally, review of contact logs and of the client information systems will assess project utilization.

Information Management:

Closely following CDC's Transitional Case Management Program's existing client tracking systems, GHLA staff and planners will establish the instruments necessary to document services. GHLA staff will also follow Walden House's existing admit / discharge, client information systems to record client demographic data. GHLA staff will also employ the existing SASCA SASTrak system SASTrak, specifically designed for tracking case management programs, tracks client levels of services, contacts, and progress.

Case management planning and charting procedures will be established, as will staff / client contact logs to monitor participant's progress towards meeting goals and objectives and frequency of use of GHLA services. Procedures for assuring confidentially of client records will be established, as will procedures for sharing critical information amongst stakeholders.

GHLA staff will record attendance at and minutes of project related committee and team meetings and will archive these as a record of the project implementation and activities.

Plan for Program Sustainability

GHLA is intended to be a temporary program, to function like sutures that are absorbed into the body once a surgical procedure has healed. Each Phase of the

program can be sustained by clarifying protocols and better using existing funding streams to address the SVO population.

As the GHLA project unfolds, regular program meetings will provide opportunities for sorting priorities between the primary partners and the many stakeholders in the parolee entry process. Ensuring that SVO parolees continue to receive enhanced services will be a continuing theme in these meetings. Evaluation activities will provide information used to validate the need and effectiveness of project interventions. The various components of the GHLA program can be incorporated into the underlying systems in several ways. Program functions can be spread across an entire department through in-system cross training, and individual positions can be funded through population based contract or staff expansions.

The two GHLA In-Prison Case Managers will work under the umbrella of the TCMP. Over the three years of the grant, the TCMP is expected to increase its staff based on increased caseloads, (as outlined in the existing contract with the provider). The two program staff positions could be incorporated into this expansion. Alternately, services provided by these two project staff (assessment, in-prison coordination of services, and transition planning) can be included in the overall responsibilities of all TCMP staff working with LA-bound inmates, and spread across staff at a variety of institutions, thus enabling more inmates access to the GHLA continuum. The Project Manager and Case Manager in the community can be absorbed into the POC staffing pattern, and the need for intensive longer-term case management of parolees with dual diagnoses can be made a priority, with training and workload issues addressed within the P&CSD/MHSC/POC supervision hierarchy. The grant-funded Therapists located at community based treatment providers can be retained by expanding the SASCA rate system to include an enhanced rate for specific SVO / dual diagnoses services- which will be developed to expend GHLA Community Services Funds. In this way, existing CBOs can pay for the necessary staffing and program resources to accommodate SVO clients with mental health needs integrated with SASCA funded treatment. The SASCA system, including rates and types of services eligible for SASCA funding, will be revised in the next two years as the existing SASCA contracts come up for renewal. GHLA can inform that process, thus ensuring more resources to appropriately handle SVO parolees in the substance abuse treatment system.

Case managers will work with clients both pre- and post release to identify resources needed for parolees to achieve pro-social goals such as education and employment, stable housing and continued sobriety, and continued access to mental health medications and services. In Phase II, the majority of these services will be provided by or in cooperation with community based substance abuse treatment providers in the SASCA network (funded by SASCA). As parolees move into Phase III, they will be relying on a variety of resources in the community. The Community Services Fund is available to pay for enhanced substance abuse treatment or for other services not provided free of cost to participants, or that exceed parolee resources. This fund will be used to leverage and identify other sources for such services, or to fill gaps until the parolee can pay for services or qualify for assistance.